suggestion is well taken. I will definitely talk to the Tea Board people and take care of it. I will see to it that they are able to make some efforts in this direction.

Health Management Consortium

*422. SHRI SURINDER KUMAR SINGLA:†
DR. SHRIKANT RAMCHANDRA JICHKAR:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of Health Management Consortium;

(b) whether this has not been of any substantial use;

(c) if so, the reasons therefor; and

(d) what steps will be taken to improve this?

THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE (SHRI RAMAKANT D. KHALAP): (a) to (d) A Consortium of Premier Institutes was set up during the Seventh Five Year Plan under the aegies of the National Institute of Health & Family Welfare to coordinate, plan and undertake training and research in management of health and family welfare activities. 14 institutes at the National, Regional and State level are Members of the Consortium and the activities are guided by a Core Group of five Members.

The Consortium has contributed by developing training modules and organizing training courses, including those for distance learning. The intiative has been found to be useful and steps have been taken to coordinate the activities with the ongoing disease control programmes in the area of public h alth etc.

SHRI SURINDER KUMAR SINGLA: Sir, my first question to the hon. Minister is whether it is a temporary charge or an additional charge.

MR. CHAIRMAN: The Minister has not answered. ...*(Interruptions)*...

SHRI SURINDER KUMAR SINGLA: Sir, I have put a small question to the hon. Minister whether it is a temporary charge or an additional charge. Even the BJP may object to a single-party Member to be a Minister in the Cabinet. Anyway, I don't mind it.

SHRI SATISH AGARWAL: We don't object to it. ...*(Interruptions)*...

MR. CHAIRMAN: You put your first supplementary.

SHRI SURINDER KUMAR SINGLA: Anyway, Sir. The answers to my questions are absolutely inadequate. It does not give an assessment of the Health Management Consortium, whether it has actually been useful or not. I want to know why this strategy of consortium was evolved. Is it that you found all health centres, particularly hospitals, not competent enough to evolve local training programmes, modules as well as distance learning programmes? Then why did you resort to this kind of consortium approach? The answer given is not complete. If it is essential, what are the special benefits that you got? This programme is in vogue for more than ten years. Has any assessment been made by the Ministry to find out whether this programme has been successful, particularly in the area of imparting practical training to the personnel in almost every field of medical training programme?

SHRI RAMAKANT D. KHALAP: Sir, the hon. Member may know that the activities of the Ministry are carried out through different organisations at different levels. The work goes on throughout the country. We have a number of diseases to be taken care of. Since there are a number of institutions, it was felt that the work of these institutions should be coordinated. Basically, these institutions undertake

†प्रश्न सं० *421 और *430 को साथ-साथ लिया गया।

*The Question was actually asked on the floor of the House by Shri Surinder Kumar Singla.

some training and the methodology of the training had to be synchronised and with this purpose in mind, it was decided that these institutions should be brought under one roof and, therefore, a consortium was set up. Out of the 23 members, different organisations, of this consortium, 14 have been working under one roof. Out of these, five institutions were appointed as a core group so that they could coordinate with the remaining and carry on the activities they were expected to undertake. This is very obvious. When you have a number of institutions working in the way they want to, do a particular work, it is necessary that their work is looked after by a centralised agency. This is what had been sought to be achieved. Well, anybody who assesses this may have his or her opinion and the opinions of two persons need not be the same. A Member may say that the intention of creating this consortium has not been fulfilled, the purpose has not been served. That is a matter for each one's objective or subjective assessment. Government feels that to a large extent the purpose or which this was done has been achieved. The work is being coordinated. Training at different levels is being given and, overall, the work is done.

SHRI SURINDER KUMAR SINGLA: All right. The Ministry is satisfied that the consortium approach to the training programme is absolutely essential but it should reflect in a number of disease control programmes that you have. I will mention some major disease control programmes: pre-school child mortality, maternity mortality, and life expectancy. These were directly related to national disease control programmes. You agree that one may have a different perception. Has it resulted in actually controlling the major national disease programme?

SHRI RAMAKANT D. KHALAP: Sir, a direct reply to this question may not be possible. It may not be possible to say whether there is a direct relationship between the work done by this consortium and the effect on the disease. But one thing I must definitely say: the training which we have been giving to the health workers and other functionaries of various programmes has been helpful not only in respect of controlling the diseases but also in giving them a better perception, making them understand better techniques of management, understanding the cause of the diseases and the methodology of approaching this programme. This, I think, should be looked at in a positive way.

SHRI SURINDER KUMAR SINGLA: Sir, my question is...

MR. CHAIRMAN: You have finished your second supplementary.

SHRI SURINDER KUMAR SINGLA: Sir, he has not replied. He says perceptions or assessments are different. He says that he cannot assess the major diseases programme.

How do you really assess it? ...*(Interruptions)*...You have to tell whether it has failed or not... *(Interruptions)*...

MR. CHAIRMAN: Dr. Jichkar...*(Interruptions)*...

DR. SHRIKANT RAMCHANDRA JICHKAR: Mr. Chairman, Sir, the Consortium was set up ten years ago. The premier institutes, top level health institutes, training and medical colleges of our country participate in this. Sir, the statistics are like this: the maternal mortality rate in this country, women dying during child delivery due to obstructive causes, which was eight per cent in 1986, has now become 12.7 per cent in 1996. Now, gynaecology has advanced, obstetrics have advanced and your Consortium has been working for the last more than ten years. Still the rate has increased by five per cent and now more women are dying due to obstructive causes than ten years ago. Sir, the first part of my supplementary is: Has this Consortium addressed itself to this major aspect?

Sir, the second part of my supplementary is in India the women deliver in a lying-down position. This is what the Britishers taught. It is used nowhere else in the world. It is only in those countries where the Britishers went that the women deliver in a lying-down position. Otherwise, in nature there is no other species of a mammal which delivers in a lying down position. Every delivery takes place in a squatting position in line with the gravity. The delivery in a lying-down position is againt the gravity and it is unnatural. Only the Britishers have taught that. Deliveries like this take place only in those countries where the Britishers went. So, in India, before the Britishers came, for so many thousands of years, deliveries used to take place in a squatting position. Now, my submission is that the deaths due to obstructive causes are increasing because you make the women lie in a lying-down position and then ask her to give stress against the gravity. My question is that such an important aspect ...*(Interruptions)*...

SHRI SATISH AGARWAL: Are your observations based on your personal experience?...*(Interruptions)*...

SHRI S.S. AHLUWALIA: He is a doctor...*(Interruptions)*...

SHRI SUSHILKUMAR SAMBHAJIRAO SHINDE: He has a lot of labour pains. ...*(Interruptions)*...

SHRI MD. SALIM: You are taking so much labour in putting your question...*(Interruptions)*...

DR. SHRIKANT RAMCHANDRA JICHKAR: My observations are based, on personal experience though not of my own but of my kith and kin. Sir, the journal of the Continuing Medical Education...*(Interruptions)*...

SHRI SOM PAL: Can you give us tally of your experience?...*(Interruptions)*...

SHRIMATI RENUKA CHOWDHURY: All of them are laughing. ...*(Interruptions)*...They are all born in the same way. ...*(Interruptions)*...This is personal experience because each one of you has been born like this...*(Interruptions)*...

DR. SHRIKANT RAMCHANDRA JICHKAR: Sir, the journal of the Continuing Medical Education has...*(Interruptions)*...

MR. CHAIRMAN: Please conclude...*(Interruptions)*...

DR. SHRIKANT RAMCHANDRA JICHKAR: Sir, this journal has come out with a scientific study how delivery in a squatting position is natural without any obstructive death. Sir, the second part of my supplementary is: Has this Consortium whose main objective is research addressed itself to this problem also?

SHRI RAMAKANT D. KHALP: Sir, I very well understand the gravity of the argument of my learned colleague in the House. Sir, it is true that if one goes by the general knowledge, so far as the pull of gravity on substances and human beings is concerned, he may really have a very sound point. But, the general methodology which the people utilise in the country, or doctrors recommend in the country may be the supine way in which deliveries are made. I take the suggestion which the hon. Member has made about using the second method. But, of course, it depends on how the women-folk accustom themselves to this squatting system. However, it is for the institutes and the Consortium to take note of this. I am sure our doctors and scientists are considering the various methods so far as this aspect is concerned. Now, I also do not dispute your argument that the percentage of mortality has increased. But, to connect this rate of mortality directly with the work done by the consortium may be a rather preposterous statement because this is not the only aspect of it. You have to see that this is a consortium of only 14 institutes. These 14 institutes disseminate their experience among themselves and then carry it to the field level. There are

other factors also. We have our universities, our medical colleges, where a different training is given. The actual work being done by the field workers is also very important. Then, the economic conditions have to be taken into consideration, the nutrition aspect has to be taken into consideration, whcih are also considered as causes for mortality at the time of delivery. Therefore, though I accept the importance of arguments put forward by my hon. friend, I would not accept the very experiment of creating this consortium has failed because the rate of mortality has or has not increased. That is all I would like to say.

DR. SHRIKANT RAMCHANDRA JICHKAR: Sir, I am thankful to the hon. Minister for his positive approach. He has answered like an experienced Health Minister.

MR. CHAIRMAN: This is the first time I heard that British education has reached so far, every women in this country...*(Interruptions)*...

DR. SHRIKANT RAMCHANDRA JICHKAR: Sir, in France...*(Interruptions)*...deliveries take place in a squattring position. In all the countries where the British have not gone, delivery takes place in a squatting position.

MR. CHAIRMAN: I do not think that they reached everybody ...*(Interruptions)*...Well, I think, the Minister may study the Kerala experience where mortality in birth has been reduced and almost 100% safety has been established. He may study how it is achieved, how peope are being trained, how it is implemented, etc.

SHRI RAMAKANT D. KHALAP: Sir, we will study the Kerala experiment also.

श्री त्रिलोकी नाथ चतुर्वेदी: सभापति महोदय, आपका बहुत धन्यवाद। यह हैल्थ मैनेजमेंट कंसोर्टियम आदि जो शब्द है, मैं समझता हूं कि अपने को धोखा देने के लिए और जनता को धोखा देने के लिए नये-नये शब्दों को हर प्लान के साथ ईजाद किया जाता है। इंटीग्रेटिड ट्रेनिंग प्रोग्राम, मैडिकल ट्रेनिंग प्रोग्राम शुरु से चला आ रहा था और हालात चाहे अस्पतालों की हो, चाहे बीमारियों को रोकथाम की हो या चाहे लोगों को किस प्रकार से अधिक से अधिक जानकारी मिले, उसकी स्थिति क्या है उसमें मैं नहीं जाना चाहता। मैं मंत्री महोदय से यह जानना चाहूंगा और मेरे प्रश्न का "अ" भाग यह है कि सातवें प्लान में इसको प्रारम्भ किया गया, आठवें प्लान में भी यह स्कीम चली होगी। मैं मंत्री महोदय से यह जानना चाहूंगा कि क्या कोई इम्पैक्ट स्टडी मल्टी डिसिप्लिनरी लैवल के ऊपर—क्योंकि ट्रेनिंग मल्टी डिसिप्लिनरी होती है, यह मंत्री महोदय बहुत अच्छी तरह से जानते हैं, पैरा-डिसिप्लिनरी, मल्टी-डिसिप्लिनरी और इंटर-डिसिप्लिनरी होती है। तो क्या इस तरह को कोई इम्पैक्ट स्टडी मंत्री महोदय ने या उनके मंत्रालय ने करवाई है? मेरे प्रश्न का "ब" भाग यह है कि जो मैनेजमेंट कंसोर्टियम है, क्या वह केवल क्यूरेटिव ऐस्पैक्ट को अहमियत देता है या क्यूरेटिव और प्रीवेंटिव दोनों ऐस्पैक्ट्स के ऊपर बराबर अहमियत देता है या केवल क्यूरेटिव ऐस्पैक्ट के ऊपर ही ध्यान दिया जाता है? क्या इस कंसोर्टियम में कोई सहयोग आप राज्य सरकारों से या राज्य सरकारों की इस तरह की जो बहुत सी संस्थाएं हैं, उनसे लेते हैं? हॉरीजेंटल और वर्टीकल दोनों का कोऑपरेशन है या केवल एक ही स्कीम मात्र है जिसको आपने कह दिया कि सब्जेक्टिव असैसमेंट हमारा है और यह स्कीम ठीक प्रकार से चल रही है। जनता उसी प्रकार के रोज चिल्लाती रहती है। आज ही डब्लयू०एच०ओ० की एक रिपोर्ट में आया है कि इस देश का हर दूसरा एडल्ट व्यक्ति दमा का, टी०बी० का मरीज है या शिकार है अथवा होने वाला है। धन्यवाद।

SHRI RAMAKANT D. KHALAP: Sir, the meetings of this consortium are held regularly. The work that has been done or that is being done by this consortium is also generally reviewed by a core group appointed for this purpose. Except last year, that is, in 1996, where only one such meeting could take place, in all the previous years there had been a regular review of the work twice a year. On the basis of experience thus gathered, the training facilities and the programmes which are carried on by this consortium have been suitably amended and new things have been carried out. Now, Sir, as far as the training and the work that these people do are concerned, I would

like to inform the hon'ble House that besides short-duration programmes, they also have a full-fledged training programme for the functionaries of the institute. Then, there is a teaching and training programme for the MD students in health administration. There is also a management Council, a training course and an area project for the trainers. Thus, different types of activities are being carried on by this consortium.

Now, I take the second point raised by the hon'ble Member regarding the curative and preventive aspects. In this regard I may state here that all activities of the Ministry of Health involve both the aspects, curative and preventive. All activities of the consortium are reviewed and proper training is given to the functionaries so that the programmes which have already been adopted could be implemented in a proper way. Except in the case of management aspect, this core group does not advise any fresh methodology for this purpose. I think, my clarification would satisfy the hon. Member.

श्री त्रिलोकी नाथ चतुर्वेदी: सभापति महोदय, मैं ज्यादा समय नहीं लेना चाहता लेकिन मैं एक इन्टरनेशनल हैल्थ मैनेजमेंट के इंस्टीट्यूट का छह साल तक अध्यक्ष रहा हूं और मुझे भी कुछ ट्रेनिंग का अनुभव है। उस आधार पर मैं आपसे यह निवेदन करना चाहूंगा कि जो छह महीने में रिव्यू होता है वह रिव्यू वही लोग करते हैं जो इन संस्थाओं से संबंधित होते हैं। मैं आपसे यह जानना चाहता हूं कि क्या आपने बाहर की कोई इम्पैक्ट स्टडी इस प्रकार की कार्रवाई है जिससे कि दूध का दूध और पानी का पानी आपके सामने आ जाए?

SHRI RAMAKANT D. KHALAP: Sir, no outside agency has so far been utilized for the purpose of evaluating the work of the core group.

SHRIMATI RENUKA CHOWDHURY: Sir, while I appreciate what the consortium is supposedly doing, I have a specific question in my mind. Does the consortium and the training programme superimpose on the national concept? For example, we have said, "Health for all"; we have said, "Eradication of blindness". We are now seized with an increase in diseases like tuberculosis and AIDS. So, does the consortium lend itself to a collective thinking because we have found that there has been an alarming acceleration in the inability to detect bronchial-related diseases, from tuberculosis to those which are manifested by the onset of AIDS? Now, does the premier organisation, i.e. this consortium, examine this and train personnel who can in turn go to villages and other places to deal with these situations? What kind of inputs are they putting into the various areas that they permeate?

SHRI RAMAKANT D. KHALAP: Sir, I may spell out the actual functions for the thrust areas that have been identified by this consortium for the coming years. One is the AIDS Control programme about which you have just now talked. The second is: quality of population control management. The third is: epidemic and disaster management capsules. The fourth is: trauma and disaster management at the national level. The fifth is: selected aspects of quality of health care. The sixth is: comparative study of all factors related to organisational and managerial settings which influence the quality of care in corporate and non-corporate sectors. The seventh is: mechanism for integrated AIDS control with other health and family welfare programmes in the North-East, Uttar Pradesh, Rajasthan, Maharashtra, West Bengal, Andhra Pradesh and Karnataka. The eighth is: current status and also the status of functioning of all the Societies created under the various national programmes. The ninth is: study of intersectoral co-ordination, particularly on interventions through developing mechanisms for ISC in pilot areas in two States, involving welfare, urban development, education, health and family welfare, water and sanitation. The tenth is: to sensitise senior policy-makers and administrators towards integrated management of development sectors.

This effort would have linkages with the State and Central Government as well as with the NGOs.

SHRIMATI RENUKA CHOWDHURY: I think it is very laudable. But what I want to know is something different. How does this constorium react? For Example, we had the Surat plague. We had the Dengue fever in Delhi. There is an alarming rise in tuberculosis. How do these organisations react? I do not know under what categories these diseases come. But the question is: how does this consortium react? What is panic management? What is the disaster management system this consortium come out with? Has it come out with a consolidated plan of action? What prophylactic measures they have recommended to the nation? How do they preceive these things? I want to unerstand that.

SHRI RAMAKANT D. KHALAP: The hon. Member should consider the point that everything that happens in the country cannot be taken care of by this consortium and remedies found.

SHRIMATI RENUKA CHOWDHURY: I appreciate that.

SHRI REMAKANT D. KHALAP: For this purpose, we have the Health Ministry—to take care of emergency situations.

SHRIMATI RENUKA CHOWDHURY: I do not except the consortium to take care of everything. But I want to know as to how this consortium deals with national disasters. I pointed out, for example, about the Surat plague. I pointed out about the Dengue fever. What do these premier institutions which have been set up do? What are their inputs? How does it help?

SHRI RAMAKANT D. KHALAP: For the different types of diseases, the methodology is in force, both for the controlling them and preventing their spread. All the methodologies required—curative and other things—are in place. What is being done is, what this consortium does is, to study the management of the various personnel aspects. These are being controlled; these are being studied. This is being done by the consortium at diferent levels. This is where the management capsules are being developed. Definite training periods are being established. People are sent abroad for training and then they are expected to utilise their experience.

SHRIMATI RENUKA CHOWDHURY: I don't see any TB capsule.

SHRI RAMAKANT D. KHALAP: TB capsule is there. *(Interruptions)*

MR. CHAIRMAN: Question No. 423. *(Interruptions)*

SHRI SUSHILKUMAR SAMBHAJIRAO SHINDE: Sir, I would request you to club Question No. 428 also with this. These two questions are related. This is in relation to the judgement of the Supreme Court. *(Interruptions)*

SHRI VAYALAR RAVI: Question No. 420?

SHRI SUSHILKUMAR SAMBHAJIRAO SHINDE: Question No. 428. *(Interruptions)*

SHRI TRILOKI NATH CHATURVEDI: Question No. 428 is in regard to the appointment of judges to the higher judiciary. Question No. 423 is about the policy of appointment of judges in Supreme Court and High Courts.

SHRI SUSHILKUMAR SAMBHAJIRAO SHINDE: It is related.

MR. CHAIRMAN: You can put your supplementary. But no clubbing, please.